

CITY OF MALVERN, ARKANSAS

OCCUPATION LICENSE APPLICATION

LICENSE # _____

DATE: _____

CHECK # _____

AMOUNT \$ _____

Date of Applicaton: _____ OWNER: _____

Business Name: _____ Telephone # _____

Business Address: _____

Mailing address if different from above: _____

Kind of Business or Occupation: _____

Other Information: _____

CALCULATION OF LICENSE FEE:

LICENSE FEE: *****\$ _____

FULL TIME EMPLOYEES: _____ X \$7.00 =\$ _____

PART TIME EMPLOYEES: _____ X \$3.50=\$ _____

TOTAL FEE AMOUNT: *****\$ _____

The statements contained in the above Occupation License Application are true and correct to the best of my knowledge.

OWNER: _____ TITLE: _____

HOME ADDRESS: _____

TELEPHONE # _____

SIGNATURE: _____